

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6260</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JOHN</u> <u>C</u> <u>MCCURDY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>330 EXCHANGE PL. #7</u> City <u>NEW ORLEANS</u> State <u>LA</u> ZIP Code + 4 <u>70130</u>	4. Name, file number, and address of labor organization. Name <u>DISTRICT NO 1-PCD, MEBH AFL-CIO</u> Labor Organization File Number <u>065 581</u> P.O. Box, Building and Room Number, if any _____ Street <u>444 NORTH CAPITOL ST. NW</u> City <u>WASHINGTON DC</u> State _____ ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>GULF COAST VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John C. McCurdy

On

8-8-05

Date

504 250 9705

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>VEDDER PRICE KAUFMAN & KAMMHOLZ PC</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>222 N LA SALLE ST SUITE 200</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60601</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>VEDDER PRICE KAUFMAN & KAMMHOLZ PC</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>222 N. LA SALLE ST SUITE 200</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60601</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>DINNER AT GIBSON'S RESTAURANT</u> <u>CHICAGO IL 6-22-04</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$139.00</u></p> <p>12.a. Nature of Interest held or Income received.</p> <p><u>SEE 11(A), 11(B)</u></p> <p>12.b. Amount. <u>SEE 11(A) 11(B) 12(A)</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

MEBA Medical and Benefits Plan
2004 LM-10, LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
John McCurdy	Medical	571700	2/20/2004, 3/16/04	\$ 2,962.49	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/04
John McCurdy	All		3/15/2004	\$ 3,960.00	IFEB Conferences
John McCurdy	Medical	571700	5/20/2004	\$ 2,915.52	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/04
John McCurdy	Medical	571700	7/20/04, 7/26/2004	\$ 2,608.17	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
John McCurdy	Medical	571850	8/17/2004	\$ 1,348.75	04/04 IFEBP Seminar
John McCurdy	Medical	571850	8/17/2004	\$ 1,380.40	06/04 IFEBP Seminar
John McCurdy	All		11/12/2004	\$ (350.00)	IFEB Conferences
John McCurdy	Medical	571700	11/19/2004	\$ 897.76	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/04
John McCurdy	Medical	571890	12/15/2004	\$ 34.21	Membership Dues (ck#20469)
John McCurdy	Medical	571850	12/28/2004	\$ 2,664.73	IFEBP Conf 11/30-12/5
John McCurdy	Medical	571850	12/04	\$ 1,605.00	IFEBP Fees
				\$20,027.03	